

## WHITE HOUSE CONFERENCE ON AGING

December 12, 2005

Speech by Abigail Trafford, author of *My Time: Making the Most of the Bonus Decades* after 50 and health columnist of the Washington Post

### “The Community for Aging Well”

My grandson is six years old. He lives in Staunton, Virginia, several hours away from Washington. I see him every month or so. Each time, he is changed significantly. And I think: *now he's the one who is really aging fast!* . . . . And wouldn't it be nice if every time he saw me, he'd throw his arms around me and say: *Oh my, Granny, how you've grown!* . . . .

This is my message about aging: getting older is about growth and development. Our culture, so rooted in youth, is trapped in prejudice and ageist stereotypes. Yet with the graying of the population we are in the midst of a social revolution that is changing every aspect of our lives. We need a new language: Words such as “retirement” and “senior” don't describe aging today. We need a new infrastructure to educate, train, employ and nurture older men and women. We need a new culture that embraces living longer instead of denying it.

Longevity is not just about adding years to the end of life; it's about adding years of health and vitality before the end of life. Researchers at the MacArthur Foundation Aging Study estimate that we have gained on average ten biological years. This is huge. The AARP headline—60 is the new 30—is an obvious exaggeration, but the principle is correct: we are biologically “younger” than our grandparents were at the same age.

As a result, a new stage has emerged in the life cycle, a bonus period of vitality after mid-life but before traditional old age. I call this new stage – “my time”—because it is up to each of us to chart a new path. There is no road map. We are pioneers, the first generation to explore both the potential and the perils of living longer and healthier. My Time comes when the traditional adult tasks have been completed: the children are raised, the resume is fleshed out and then what? What do you do for the next 20, 30, 40, 50 years—a whole lifetime in generations past!

Men and women in the bonus years want to work and craft a legacy. Many want to give back—to their families, their friends, their communities. We often want to study and pursue creative works. We see ourselves as stewards of future generations. And we have a sense of urgency. After 50, there are frequent meetings with mortality. Chances are that we'll have these bonus decades, but we also know they could end tomorrow. In fact over a long life span, many of us shift back and forth between being healthy and independent and being sick and needy.

All this presents a huge challenge to society. Those of you in the field of aging face a dual mission: to care for the sick and needy—of any age. There can be no slippage in fulfilling this social obligation to care for the frail. But there is also this new challenge: How to support and engage this unprecedented population of healthy older people.

Let's turn to the vision of what a community for aging well should look like. What are the essential elements?

### **Number One: Meaningful work and activity.**

To age well, people need a purpose. In other words, jobs, jobs and more jobs! Surveys show that most boomers want to continue to work in their bonus years. As we've heard in previous speeches, many will have to work and earn money to support themselves. Others want to "give back" and do community service. And many want to work part-time. As Phyllis Moen of the University of Minnesota points out: what's so sacred about the 40-hour work week? Why not have 10-hour work units. Some can work two units a week, some ten units.

But where are the jobs? In the private and public sector? Age discrimination is prevalent in many companies. . . . Volunteer agencies are not prepared to use the talents of the boomer generation as it enters the bonus years. We are talking about a major restructuring of the workplace and the notion of work. Laws and regulations have to change to allow people to work after they officially retire.

Education has to open up to this generation—to train older men and women for new careers, to stimulate their minds and hearts. Why do we go to college only when we're 20 and not when we're 60? What would be the curriculum for a general degree in wisdom?

I was just talking to a man who is a lawyer and had served in Congress. He would like to teach high school students. But he would have to complete a several-year-long teacher training course geared to 20-year-olds. Why can't educational institutions design a credentialing program for people switching careers in their bonus decades to credit experience and expedite the training process?

### **Number Two: Social Support**

To age well, we need an intimate circle of family and friends. The good news is that the family norm is now four generations: children, young parents, all of us in this new stage, and frail relatives. For the first time there are two robust generations to care for the two dependent generations. Care-giving crosses all generations. Older men and women are caring for and mentoring their grandchildren and children—emotionally and financially—just as they also depend on their adult children and grandchildren when they need care. Can we look at care-giving across the age spectrum and create programs and laws to support care giving in all generations? Respite care and tax breaks for grandparents raising grandchildren as well as grandchildren tending grandparents? Day care centers for young and old?

Friendship is critical to health in these years. (Friends are people you can't imagine life without. They can be a spouse, a neighbor, a former schoolmate, a geriatric nurse.) How easy is it in your community to see old friends and make new ones? To take courses together at your local university? To go dancing and fall in love—again? To be cherished and cared for in time of need? To share stories, review the past and seek a spiritual anchor?

Whether we live in a nursing home or our own home, we need to create a web of kinship to sustain us.

### **Number Three: Resources**

Where is the community center to provide information, guidance, support and connection? You notice I haven't used the word Senior Center. Centers all over the country are struggling with this word, Senior. As the boomer generation takes its place in the aging hierarchy, "senior" is associated with a stereotype of decline and dependency. In Arizona, people who "retire" there—another dicey word; people don't retire, they don't withdraw from life and disappear at this stage! Anyway, these new arrivals were refusing to go to senior centers because they didn't consider themselves senior. So the state has created a network of centers in public libraries called something like 'life option cyber cafes' in which older people can come in and get a cappuccino, hang out with peers and get all the services that a senior center would provide.

Every community needs a center to be the one-stop shopping place to coordinate services for older people and help them to find jobs, travel opportunities, home-health aids, exercise and nutrition classes, nursing care and the like.

Another obvious essential is an adequate health care system, which has been discussed by previous speakers. But what about mental health care? Communities need to pay attention to the mental health of older Americans. Depression is a major problem that is only recently getting attention from the medical establishment. (The highest suicide rates are among white men over 65.) The thinking was, you're old, you're depressed, of course you're depressed—you're old! That's AGEISM!

We encounter many losses in this stage—the deaths of loved ones, setbacks in health, reverses in the workplace. Grieving loss is normal. Depression is a disease that must be detected and treated.

Communities also need a strong public health system that can take care of the frail in emergencies. That is one of the many lessons of New Orleans.

Finally, every community needs a physical environment that promotes healthy aging. It's fine for the Surgeon General to recommend 30 minutes of daily exercise—but are the streets safe for walking? Are there sidewalks and walking paths and parks to encourage physical activity? In Washington, a favorite place for toddlers and young parents is Turtle Park with its special gym sets, sandboxes and neighborhood coziness. Well, where are the Turtle Parks for us? Better yet, where is our special gym set in Turtle Park so that we could all play together?

Transportation is another essential. Many families struggle with the driving issue—Is it time to take away Granddad's license because he can't see well enough at night? But in many areas, people depend on cars to get around. If it's not safe to drive at night, why not have a restricted license? Meanwhile, are the streets well-lighted, the signs easily visible? Could cars be redesigned to be more aging-friendly?

Public transportation barely exists in many communities. Taxis are expensive and often hard to get. Where are the shuttle services and volunteer drivers? Liability regulations need to be amended and new programs initiated to provide affordable transportation so that older people do not become isolated and home-bound.

Housing is about to change. How do older people want to live? Alone or with others? In their own house or across the country in a retirement community? With their own age cohort or in a mixed-generational setting? My sense is that we will find new housing arrangements, less segregated by age, with more people staying in or moving to cities (where there is more likely to be public transportation, jobs, educational and entertainment opportunities, medical facilities). Maybe the commune idea will come back

with individuals and couples coming together to form their own household community with built-in, family-like supports.

If we create communities with these essentials, we will create a better America. I don't call it—'aging in place' because that sounds too static. I think of it as: 'Aging Better Together.'